10/611,863

|  |  |   |                  |                                |                     |                  |              |                     | Application or Docket Number |        |                                       |                        |  |
|--|--|---|------------------|--------------------------------|---------------------|------------------|--------------|---------------------|------------------------------|--------|---------------------------------------|------------------------|--|
| Effective January 1, 2003  |  |   |                  |                                |                     |                  |              |                     |                              |        |                                       |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |  |   |                  |                                |                     |                  |              | SMALL ENTITY TYPE   |                              |        | OTHER THAN<br>OR SMALL ENTITY         |                        |  |
| TOTAL CLAIMS   |  |   | <i>l</i> O .     |                                |                     |                  | F            | ATE                 | FEE                          | ]      | RATE                                  | FEE                    |  |
| FOR  |  |   | NUMBER FILED     |                                | NUMBER EXTRA        |                  | BAS          | BASIC FEE 375.00    |                              | OR     | BASIC FEE                             | 750.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | (f) minus 20=    |                                | . 6                 |                  | X            | X\$ 9=              |                              | OR     | X\$18=                                |                        |  |
| INDEPENDENT CLAIMS   |  |   | minus 3 =        |                                | - 6                 |                  | 5            | 42=                 |                              | OR     | X84=                                  |                        |  |
| MU   | ILTIPLE DEPEN  | IDENT CLAIM PI                            | RESENT           |                                |                     |                  | +140=        |                     |                              | OR     | +280=                                 |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |                  |                                |                     | <u> </u>         | TOTAL        |                     | OR                           | TOTAL  | 750                                   |                        |  |
| CLAIMS AS AMENDED - PART II  |  |   |                  |                                |                     |                  |              |                     |                              | 10     | OTHER                                 |                        |  |
| (Column 1) (Column 2) (Column 3)   |  |   |                  |                                |                     |                  | SI           | SMALL ENTITY        |                              | OR     | SMALL                                 |                        |  |
| AMENDMENTA   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | HIGH<br>NUMI<br>PREVIO<br>PAID | BER<br>DUSLY        | PRESENT<br>EXTRA | R            | ATE                 | ADDI-<br>TIONAL<br>FEE       |        | RATE                                  | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | ·////                                     | Mikus            | **                             |                     | =                | ×            | \$ 9=               |                              | OŖ     | X\$18=                                | 0                      |  |
|  | Independent  | NTATION OF M                              | Minus .          | ***                            | CLAINA              | =                | X            | 42=                 |                              | OR     | X84=                                  |                        |  |
| <u> </u>   | FINST PRESE  | NIATION OF ME                             | JETIPLE DEF      | ENDEN                          | CEANN               |                  | +            | 40=                 |                              | OR     | +280=                                 |                        |  |
|  |  |   |                  |                                |                     |                  |              | TOTAL<br>ADDIT. FEE |                              | OR     | TOTAL<br>ADDIT. FEE                   |                        |  |
|  | (Column 1) (Column 2) (Column 3)   |   |                  |                                |                     |                  |              | 11. FGG             |                              |        | ADDII. I EEI                          |                        |  |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | HIGH<br>NUM<br>PREVIO<br>PAID  | BER<br>DUSLY        | PRESENT<br>EXTRA | R            | ATE                 | ADDI-<br>TIONAL<br>FEE       |        | RATE                                  | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus            | **                             |                     | =                | ×            | \$ 9=               |                              | OR     | X\$18=                                |                        |  |
| AME  | Independent  | *   | Minus            | ***                            |                     |                  | ×            | 42=                 |                              | OR     | X84=                                  | · ·                    |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                  |                                |                     |                  | +1           | 40=                 |                              | OR     | +280=                                 |                        |  |
|  | *  |   |                  |                                |                     |                  | <u> </u>     | TOTAL               |                              |        | TOTAL                                 |                        |  |
| (Column 1) (Column 2) (Column 3)   |  |   |                  |                                |                     |                  |              | T. FEE              |                              |        | ADDIT. FEE                            |                        |  |
| AMENDMENT C  |  | CLAIMS REMAINING AFTER AMENDMENT          |                  | HIGH<br>NUM<br>PREVIO<br>PAID  | EST<br>BER<br>DUSLY | PRESENT<br>EXTRA | R            | ATE                 | ADDI-<br>TIONAL<br>FEE       |        | RATE                                  | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus            | ** '                           |                     | =                | X            | 9=                  |                              | OR     | X\$18=                                |                        |  |
|  | Independent  | *   | Minus            | ***                            |                     | =                | X            | 42=                 |                              | OR     | X84=                                  |                        |  |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                  |                                |                     |                  | <del> </del> | 40=                 |                              |        | · · · · · · · · · · · · · · · · · · · |                        |  |
|  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." |   |                  |                                |                     |                  |              |                     |                              | OR     | +280=<br>TOTAL                        | <del></del>            |  |
| ***  | If the "Highest Nu   | mber Previously Pa                        | aid For" IN THI  | S SPACE i                      | s less tha          | n 3, enter "3."  | ADDI         | T. FEE              |                              |        | ADDIT. FEE                            |                        |  |
|  | The "Highest Num   | ber Previously Pai                        | d For" (Total or | Independe                      | ent) is the         | highest number   | r found ir   | the ap              | propriate box                | in col | umn 1.                                |                        |  |